

Project Name:_____ Date:_____

HIGHWAY SAFETY GRANT APPLICATION

**Montana Department of Transportation
State Highway Traffic Safety Bureau**

**2701 Prospect Avenue
P.O. Box 201001
Helena, MT 59620-1001**

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Section 1. Project Identification

Applicant Agency:			
Address:			
City	State	Zip	Phone
County	Agency E-Mail of Contract Signer		
Federal Employer or Taxpayer Identification Number (FEIN or TIN):			
Private Nonprofit (circle one): Yes (If yes, attach IRS Documentation) No			
Primary Contractor:			Title
Address			
City	State	Zip	Phone
County	E-Mail		
Project Director:			Title
Address			
City	State	Zip	Phone
County	E-Mail		
Point of Contact:			Title
Address			
City	State	Zip	Phone
County	E-Mail		
Project Title:			
Project Duration:		Projected Date of Award: / / Month Day Year	Finish: / / Month Day Year
If this is a continuation of a previous grant, indicate previous MDT SHTSO contract number:			
If previously funded, indicate the total number of months of federal support:			
Other Federal Support (If using other federal support on this project, it must be identified and explained:			

Section 2. Project Budget

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A. Personal Services & Benefits	SHTSO/Fed.	Local Match	TOTAL
	\$		
<i>Employee Fringe Benefits</i>			
TOTAL	\$		
B. Contracted Services	SHTSO/Fed.	Local Match	TOTAL
	\$		
TOTAL	\$		
C. Paid Media	SHTSO/Fed.	Local Match	TOTAL
	\$		
TOTAL	\$		

Section 2. Project Budget (continued)

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D. Operating Expenses:	SHTSO/Fed.	Local Match	TOTAL
a) Supplies & Materials			
	\$		
TOTAL	\$		
b) Maintenance Supplies & Materials	SHTSO/Fed.	Local Match	TOTAL
	\$		
TOTAL	\$		
E. Other Direct Costs:	SHTSO/Fed.	Local Match	TOTAL
a) Travel Expenses			
	\$		
TOTAL	\$		

Section 2. Project Budget (continued)

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Section 2. Project Budget (continued)

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b) Equipment Purchases	SHTSO/Fed.	Local Match	TOTAL
	\$		
TOTAL	\$		
F. Indirect Costs	SHTSO/Fed.	Local Match	TOTAL
	\$		
TOTAL	\$		
Total Project Budget -- Combined totals for all columns	\$	\$	\$
SHTSO Share of Project Budget _____%	%	%	%

Section 3. Budget Narrative Instructions

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On separate pages, explain the relationship between budgeted items listed in Section 2 and project activities. Include information (data and criteria) as to how you arrived at budget estimates. Discuss all items by category (i.e., before moving on to “B”, completely describe all activities under “A. Personnel”). Some items to consider for each budget category are listed below. If the operations of this project are expected to generate income, please discuss possible sources, amounts, and how it will be used.

A. Personal Services & Benefits

- How were salary rates determined?
- What is included in fringe benefits?
- What function(s) do budgeted employees perform?

B. Contracted Services

- What is the daily fee of consultant?
- How many days will service be provided?
- What service will be provided?

C. Paid Media

- Is Paid Media within the scope of your project?
- Have you contacted the State Highway Traffic Safety Bureau for approval?

D. Operating Expenses:

Supplies & Materials (Expendable supplies, materials, monthly phone charges, rent, insurance, purchase of evidence, etc. (No indirect or equipment costs)).

Maintenance Supplies & Materials (Required equipment repair).

E. Other Direct Costs:

Travel Expenses and Per Diem

- Indicate mileage and per diem calculations using state rates.
- Is mileage and per diem directly related to project activities?
- If out-of state travel is anticipated, and has been approved in writing by the Program Specialist, provide: location, state, dates, purpose, cost.

Equipment Purchases (Expendable supplies must be included under Operating Expenses)

- Description of equipment: make, model, etc.
- What is unit cost?
- Equipment must be integral to project success.

F. Indirect Costs

- Include your indirect cost plan. It should be in writing and must be approved prior to contract signing.
- Have you contacted the State Highway Traffic Safety Bureau for approval?

Section 4. Project Narrative Instructions

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Provide a description, in the order listed below, of each component requested. Clearly present each topic, separated by subject headings. You must address each of the following six areas. The project narrative is considered the problem/needs statement, goals and objectives, implementation plan, evaluation and future funding plan. Please do not exceed 15 pages.

All grants and projects must support Montana's Comprehensive Highway Safety Plan (CHSP). The purpose of the CHSP is to provide a data driven, system-wide, comprehensive, collaborative approach to road safety in Montana. Please review the CHSP on the following website: (http://www.mdt.mt.gov/publications/docs/brochures/safety/current_chsp.pdf). In your Executive Summary, include a statement of how your project supports the CHSP implementation. At a minimum, this statement should indicate which CHSP emphasis area(s) is (are) supported by your project. See an extract of the CHSP emphasis and strategy areas on the following website: <http://www.mdt.mt.gov/publications/docs/grants/chsp-project-matrix.doc>. If relevant, also please indicate how your project could contribute toward or enhance the implementation of specific new strategies within the emphasis area(s).

- * Executive Summary
- * Problem/Needs Statement
- * Goals & Objectives
- * Implementation Plan
- * Evaluation & Internal Assessment
- * Future Funding Plan (if project is to be continued)

It is important that you follow directions, provide complete information, and submit the material in the order requested. All of these steps assist the staff in evaluating the quality of your proposal.

- A. **Executive Summary** - A clear summary of what is being proposed including suggested statements following a review of the Comprehensive Highway Safety Plan and matrices extract.
- B. **Problem/Needs Statement** - Describe and document the problem/need.
- C. **Goals** - The desired long-range effect of your project.
- D. **Objectives** - Are specific milestones aimed at achieving your goal(s). Objectives must state a date when a particular milestone will be reached, be measurable, and include valid indicator(s) of reaching the milestone.
- E. **Implementation Plan** - The sequence of events which occur to accomplish the objectives.
- F. **Evaluation & Internal Assessment** - Describe how you will measure the level of success.
- G. **Future Funding Plan/Sustainability** - Strategic plan for how the project will be supported beyond the first year.
- H. **Attachments** - Limited amount of material that includes pertinent letters of support, research documentation and other similar materials.

Section 5. Signature Page

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The Primary Contractor/Project Director who certifies this document agrees to adhere to all terms and conditions relating to this application. The Point of Contact is the person available to communicate with the State Highway Traffic Safety Bureau when the Primary Contractor and/or Project Director are unavailable.

Original Signatures are Required

Primary Contractor

Name Title

Address City/State/Zip

E-mail Telephone

Date Signature

Project Director

Name Title

Address City/State/Zip

E-mail Telephone

Date Signature

Point of Contact

Name Title

Address City/State/Zip

E-mail Telephone

Date Signature